

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

0/509115

APPLICANT(S)

CLAIMS

AS FILED

**AFTER
1st AMENDMENT**

**AFTER
2nd AMENDMENT**

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TOTAL NO.						
TOTAL DEP.						
TOTAL CLAIMS						

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TOTAL NO.	7					
TOTAL DEP.	44					
TOTAL CLAIMS	51					